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PATENT
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Atty. Docket # 02-0202
TECH CENTER 1600/2900
#22
AKO
11/22/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Sawan et al. GROUP ART UNIT: 1617
FILING DATE: September 9, 1999 EXAMINER NAME: S. J. Sharareh
SERIAL NUMBER: 09/392,842
TITLE: Topical Dermal Antimicrobial Compositions, Methods for Generating Same, and Monitoring Methods Utilizing Same

NOTIFICATION REGARDING CHANGE IN STATUS

Box Missing Parts
Commissioner for Patents and Trademarks
Washington, D.C. 20231

Sir:

Pursuant to 37 CFR § 1.27, Applicants notify the U.S. Patent and Trademark Office that status as a small entity is no longer appropriate for the above-identified patent application.

Respectfully submitted,

Date: November 12, 2002

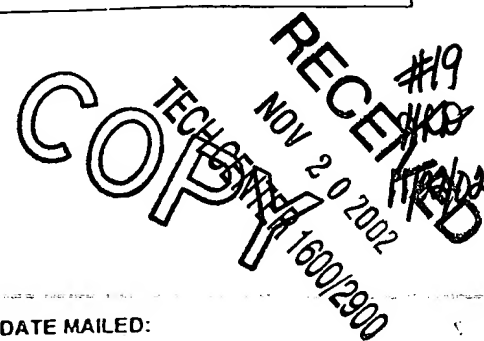
Brian A. Fairchild
Reg. No. 48,645
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110

Telephone No.: (617) 248-7697
Facsimile No.: (617) 248-7100



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER FILING/RECEIPT DATE FIRST NAMED APPLICANT ATTY. DOCKET NO./TITLE



DATE MAILED:

NOTICE TO FILE MISSING PARTS OF APPLICATION (CPA)
Filing Date Granted

The Continued Prosecution Application (CPA) request filed on 6-28-02 is entitled to a filing date under 37 CFR 1.53(d)(1). The CPA request, however, lacks the filing fee(s) and/or items indicated below.

Applicant is given **TWO MONTHS FROM THE DATE OF THIS NOTICE** within which to file the fee(s), item(s), and any surcharge required below to avoid abandonment of this CPA. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The total amount owed by applicant is the sum of items 1(a) or (b), 2, and 3 (if checked) below.

☒ 1 The statutory basic filing fee is:

- ☒ missing.
☐ insufficient.

(a) Applicant must submit \$ 370.00 to complete the basic filing fee and the \$130.00 surcharge set forth in 37 CFR 1.16(e) (non-small entity), or \$ _____ to complete the basic filing fee as a small entity and the \$65.00 surcharge set forth in 37 CFR 1.16(e) and file a small entity statement under 37 CFR 1.27 claiming such status (if the prior application was entitled to small entity status and such status is still proper and desired, a new small entity statement is not required (37 CFR 1.28)).

(b) Applicant must submit \$ _____ to complete the basic filing fee as a small entity and the \$65.00 surcharge set forth in 37 CFR 1.16(e).

☐ 2 Additional claim fees of

\$ _____ (non-small entity) or \$ _____ (small entity) for _____ independent claims over 3
\$ _____ (non-small entity) or \$ _____ (small entity) for _____ claims over 20.
\$ _____ (non-small entity) or \$ _____ (small entity) for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

☐ 3 A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

☐ 4 The CPA request is unsigned. Applicant must file a signed duplicate or ratification of the CPA request.

☐ 5 Other: _____

A copy of this Notice MUST be returned with the reply.

11/18/2002 AWONDAF1 00000087 09392842

Direct the reply and any questions about this Notice to

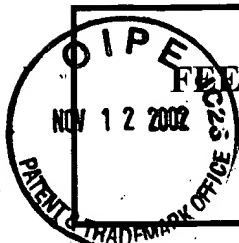
Henrietta Dandy

Examining Group 1617

12/21/2002 4655

01 FC:1006
02 FC:1051
03 FC:1201
04 FC:1202

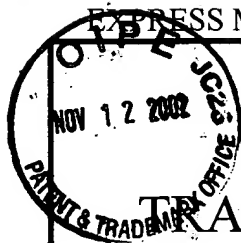
740.00 OP
130.00 OP
420.00 OP
54.00 OP


FEE TRANSMITTAL
FY 2003

Complete if Known	
Application Serial Number	09/392,842
Filing Date	September 9, 1999
First Named Inventor	Sawan et al.
Group Art Unit	1617
Examiner Name	S. J. Sharareh
Attorney Docket No.	SUR-008

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METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																			
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				3. ADDITIONAL FEES																																																																																			
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Additional Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.				<table border="1" style="width:100%"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>130</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>130.00</td> </tr> <tr> <td>50</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>2,520</td> <td>2,520</td> <td>Request for ex parte reexamination</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>400</td> <td>200</td> <td>Extension for reply within second month</td> <td>400.00</td> </tr> <tr> <td>920</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1440</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1960</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>320</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>320</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>280</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>180</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>740</td> <td>370</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>740</td> <td>370</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>100</td> <td>100</td> <td>Certificate of Correction for applicant's error</td> <td></td> </tr> <tr> <td colspan="2">Other fee (Specify)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Other fee (Specify)</td> <td colspan="2"></td> </tr> </tbody> </table>				Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	130	65	Surcharge - late filing fee or oath	130.00	50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte reexamination		110	55	Extension for reply within first month		400	200	Extension for reply within second month	400.00	920	460	Extension for reply within third month		1440	720	Extension for reply within fourth month		1960	980	Extension for reply within fifth month		320	160	Notice of Appeal		320	160	Filing a brief in support of an appeal		280	140	Request for oral hearing		130	130	Petitions to the Commissioner		180	180	Submission of Information Disclosure Statement		740	370	Filing a submission after final rejection (37 CFR 1.129(a))		740	370	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error		Other fee (Specify)				Other fee (Specify)			
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CORRESPONDENCE ADDRESS				SIGNATURE BLOCK																																																																																			
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100				Date: November 12, 2002 Reg. No.: 48,645 Tel. No.: (617) 248-7697 Fax No.: (617) 248-7100 Respectfully submitted, Brian A. Fairchild Agent for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110																																																																																			



TRANSMITTAL FORM

Application Serial Number 09/392,842
 Filing Date September 9, 1999
 First Named Inventor Sawan
 Group Art Unit 1617
 Examiner Name S. J. Sharareh
 Attorney Docket No. SUR-008
 Patent No. Not applicable
 Issue Date Not applicable

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ENCLOSURES (check all that apply)

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| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Check Attached
<input type="checkbox"/> Copy of Fee Transmittal Form

<input checked="" type="checkbox"/> Amendment/Response
<input checked="" type="checkbox"/> Preliminary
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]

<input checked="" type="checkbox"/> Petition for Extension of Time

<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copies of IDS Citations

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Sequence Listing submission
<input type="checkbox"/> Paper Copy/CD
<input type="checkbox"/> Computer Readable Copy
<input type="checkbox"/> Statement verifying identity of above | <input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Application (CPA)

<input type="checkbox"/> Formal Drawing(s)

<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal

<input checked="" type="checkbox"/> Associate Power of Attorney

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application

<input type="checkbox"/> Small Entity Statement

<input type="checkbox"/> CD(s) for large table or computer program

<input type="checkbox"/> Amendment After Allowance

<input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences

<input type="checkbox"/> Appeal Brief (in triplicate)

<input type="checkbox"/> Status Inquiry

<input checked="" type="checkbox"/> Return Receipt Postcard

<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8

<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8

<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)

Notification Regarding Change in Status (1 pg.); and

Marked-up Version of Amended Claims (1 pg.) |
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CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
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 High Street Tower
 125 High Street
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SIGNATURE BLOCK

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